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Year _____ Month _____

U.S. ENVIRONMENTAL PROTECTION AGENCY QUARTERLY MONITORING REPORT
FOR CLASS II INJECTION WELLS

UIC Permit Number _____

Please complete and submit this report at the end of each month. This report must be postmarked no later than the 10th day of the following months:

April - end of 1st quarter

October - end of 3rd quarter

July - end of 2nd quarter

January - end of 4th quarter

Check one -->

EOR SWD HS

OPERATOR NAME _____

ADDRESS _____

WELL NAME _____

CITY/STATE/ZIP _____

WELL COUNTY _____

(AREA CODE) PHONE _____

QUARTERLY REQUIREMENTS

Attach the actual laboratory analysis of the following paramters:

Total Dissolved Solids: in parts per million (ppm)

pH: no units

Resistivity: in ohm - meters at 75° Farenheit

Chemical Composition of Injected Fluids:

Sodium: in ppm

Calcium: in ppm

Magnesium: in ppm

Barium: in ppm

Iron (total): in ppm

Chloride: in ppm

Sulfate: in ppm

Carbonate: in ppm

Bicarbonate: in ppm

Sulfide: in ppm

Other Chemicals: in ppm

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and punishment. (Ref. 40 CFR Section 144.32)

Name and Official Title

Signature

Date Signed

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